

## HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809

TEL.: 587-0460 FAX: 587-0470

\*\*\* Began working for Organization on February 4, 2003

03 FEB 24 M1 :08

## LOBBYIST REGISTRATION FORM

(See back of this form for instructions)
(Type or Print Clearly)

PART I LOBBYIST				1., 18
NAME(Last)	(First)	(Middle)		TELEPHONE
KAIZAWA LORI		`K.	•	
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)
1000 Bishop St.	, Ste. 902	Honolulu	HI	96813
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) TELEPHONE				
ADVOCATES	•			
MAILING ADDRESS (Street)		(Cia A		808-524-4155
(====,		(City)	(State)	(Zip Code)
1000 Bishop St.	, Ste. 902	Honolulu	HI	96813
PART II ORGANIZATION				
NAME OF ORGANIZATION YOU LO		ate)		TELEPHONE
Hoffman La Roche Se		,		
MAILING ADDRESS (Street)	TVICE COIP.	(City)	(04-4-)	916-424-5853
1816 Carmelo Drive			(State)	(Zip Code)
	FOR PREPARING ORGAN	Carmichael	CA	95608
NAME OF PERSON RESPONSIBLE	FOR PHEPARING ORGAN	NIZATION'S EXPENDITURES STA	ATEMENT	TELEPHONE
Sedrick Spencer				916-424-5853
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)
1816 Carmelo Drive		Carmichael	CA	95608
PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LORBY				
PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY				
Agriculture	Education	Human Services	s	Science, Technology & Economic Development
Communications & Public Utilities	Government Opera Finance	itions & Intergovernmen International Affa	tal Relations, 🔲 🛚	ourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employ	ment	ransportaion
Culture, Arts, Historic Preservation	Health	Planning, Land & Use Manageme	& Water (	Other: (indicate below)
Ecology, Energy, Environmental Protection	Housing	Public Safety &	Corrections	
			en e	
PART IV CERTIFICATION OF LOBBYIST				
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.				
Jui (			. '	
(S	gnature of Lobbyist)		(Date	9)
DADT V AUTUODIZATION	LTOLOPPY			
PART V AUTHORIZATION	N 10 LOBBY	TITLE OF AUTHORIZI	NG OFFICER OR PE	RSON REPRESENTED
Sedrick Spencer		Goverment Affairs Manager		
NAME OF ORGANIZATION (if applic			TELEPHONE	
Hoffman La Roche Service Corporation				916-424-5853
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1816 Carmelo Drive	un nonfid name to	Carmichael	CA	95608
I hereby authorize the above—named person to engage in lobbying activities on behalf of the undersigned.				
Select M.	Come		2/6/	23
(Signature of Autho	rizing Officer or Person Re	presented)	(Date	9)